

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>005074</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/05/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>DEACONESS HOSPITAL INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 MARY ST EVANSVILLE, IN 47747</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for the investigation of three (3) State complaints.</p> <p>Complaint number: IN00139028 Unsubstantiated; lack of sufficient evidence IN00149400 Unsubstantiated; lack of sufficient evidence IN00151357 Substantiated; deficiency related to allegations cited and unrelated deficiency cited</p> <p>Date of survey: 08-05-14 through 08-06-14</p> <p>Facility number: 005074</p> <p>Surveyors: Jennifer Hembree RN Public Health Nurse Surveyor</p> <p>Trisha Goodwin RN BSE Public Health Nurse Surveyor</p> <p>QA: cloughlin 09/09/14</p> <p>IDR Committee met on 10-17-14, tag A0522 deleted.</p>	S 000		
S1166	<p>410 IAC 15-1.5-8 PHYSICAL PLANT</p> <p>410 IAC 15-1.5-8(d)(2)(C)</p> <p>(d) The equipment requirements are as follows: (2) There shall be sufficient equipment and space to assure the safe, effective, and timely provision of the available services to patients, as follows:</p>	S1166		

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

10/07/14

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S1166	<p>Continued From page 1</p> <p>(C) Appropriate records shall be kept pertaining to equipment maintenance, repairs, and current leakage checks.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to provide evidence of equipment repair on one (1) piece of patient care equipment. Findings:</p> <ol style="list-style-type: none"> <li>1. Review of the facility policy and procedure E/M #...., dated June 2013, titled " Bed Repair and Annual Inspection " , section III. Procedures: B. 3, indicated a work order will be submitted which will coordinate the room number and asset tag number of the bed.</li> <li>2. In interview on 8/6/14 at 12:15pm staff #S11, RN in charge of patient #3's care on 6/4/14, indicated maintenance was notified about a bed alarm concern and the patient ' s bed was exchanged.</li> <li>3. In interview on 8/6/14 at 12:50pm staff member #S2 indicated the asset tag of the bed in question could not be determined and no work order, bio-medical inspection, or preventative maintenance for the bed could be produced. No further documentation was provided prior to exit.</li> </ol>	S1166		